

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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pm 1-17
2009 JAN 20 PM 2:29

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jerry Kearns

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

92nd

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1757

up

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a


SIGNATURE OF PERSON FILING REPORT

(319) 524-1570
TELEPHONE

JAN. 17, 2009
DATE SIGNED

I AM FILING A January 19, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 20,607.67

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,375.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 21,982.67

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

15,575.92

Schedule F: Loan Repayments total (Attach Schedule F)

1,000.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 5,406.75

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 8.89

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/29/08	ID# CK# 20969	USW Local Union 9014 12365 St Charles Rock Road Bridgeton, MO 63044		\$100.00	<input type="checkbox"/>
10/30/08	ID# CK# 18714	IBEW Educational Committee 900 7th Street NW Washington, DC 20001		200.00	<input type="checkbox"/>
12/23/08	ID# 6067 CK# 3995	Iowa Health PAC 6750 Westown Parkway, #100 West Des Moines, IA 50266		100.00	<input checked="" type="checkbox"/>
"	ID# 6056 CK# 3832	B.U.I.L.D. PAC 8800 Northwest 62nd Avenue Johnston, IA 50131-6200		250.00	<input checked="" type="checkbox"/>
"	ID# 6085 CK# 899	Ia St Bldg & Construction Trades Co PAC 110 10th Avenue NW Altoona, IA 50009		125.00	<input checked="" type="checkbox"/>
"	ID# CK# 2591	Mark Joyce 1511 41st Place Des Moines, IA 50311-2525		100.00	<input checked="" type="checkbox"/>
"	ID# 6498 CK# 1894	WellPAC 636 Grand Avenue, St 13 Des Moines, IA 50309		250.00	<input checked="" type="checkbox"/>
"	ID# 2429 CK# 2226	Heavy Highway PAC 2415 Ingersoll Des Moines, IA 50312-5233		250.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1375.00	
TOTAL (if last page of this schedule)				\$ 1375.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/29/08	ID# CK# 1059	Central Printing 3028 S. 7th Keokuk, IA 52632	Printing supplies	\$ 31.46
10/31/08	ID# CK# 1060	Daily Gate City 1016 Main Keokuk, IA 52632	Newspaper political ads	731.96
11/4/08	ID# CK# 1061	Hancock/Lee County Shopper 1830 Keokuk Street Hamilton, IL 62341	Newspaper political ads	450.00
11/4/08	ID# CK# 1062	Daily Gate City 1016 Main Keokuk, IA 52632	Newspaper political ads	137.40
11/8/08	ID# CK# 1063	Breakroom Lounge 301 Blondeau Keokuk, IA 52632	Food/Refreshments for election day staff.	85.25
12/08/08	ID# CK# 1064	Lee Co Demo Party, C/O G.Shields 2803 Avenue J Ft. Madison, IA 52627	Contribution	200.00
12/16/08	ID# CK# 1065	Raccoon River Club & Rest. 100 S. 10th Street Des Moines, IA 50309	expenditure for fundraiser	90.00
	ID# CK#			
SUB-TOTAL				\$ 1,726.07
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/22/08	ID# CK# 1067	Jerry Kearns, Candidate 402 Hickory Terrace Keokuk, IA 52632	Repay campaign debt	\$ 290.00
12/22/08	ID# CK# 1068	Jerry Kearns, Candidate 402 Hickory Terrace Keokuk, IA 52632	Reimburse for campaign paper supplies	38.16
12/22/08	ID# CK# 1069	Ia Demo Party Truman Fund 5662 Fleur Drive Des Moines, IA 52632	Contribution	12000.00
12/24/08	ID# CK# 1070	Daily Gate City 1016 Main Keokuk, IA 52632	Balance due on political ads	1521.69
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 13849.85
TOTAL (if last page of this schedule)				\$ 15,575.92

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/16/08	IA Demo. Party House Truman Fund 5661 Fleur Drive Des Moines, IA 50321		Invites & postage for PAC event of 12/16/08	\$ 8.89	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 8.89	
TOTAL (if last page of this schedule)				\$ 8.89	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

RESET

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED****COMMITTEE NAME** (Must be same as on Statement of Organization)

Kearns For State Representative Committee

☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 1000.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
12/22/08	Jerry Kearns, Candidate 402 Hickory Terrace Keokuk, IA 52632	Self	\$ 1000.00

TOTAL CASH REPAYMENTS (PART II)

\$ 1000.00

From Schedule E -- TOTAL LOANS FORGIVEN

\$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

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